

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

34330

Registrar's No.

366

FILED NOV 10 1943

Registration District No.

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 yrs 4m 11d (Specify whether
In this community yes years, months or days)

3. (a) PRINT FULL NAME

Matilda C Lamm

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife William Lamm

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased (Month) Oct

(Day) 11

(Year) 1865

8. AGE:

Years

Months

Days

If less than one day

78

8

hr. min.

9. Birthplace

Eldon

(City, town, or county)

Mo

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Stephen Vaughan

13. Birthplace

Charlottesville

(City, town, or county)

Virginia

(State or foreign country)

14. Maiden name

Charity Lamm

15. Birthplace

Fenn

(City, town, or county)

Penn.

(State or foreign country)

16. (a) Informant

Reero

(b) Address

Removal

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

11-2-43

(Month) (Day) (Year)

(c) Place: burial or cremation

Lamm Cemetery

18. (a) Signature of funeral director

Phillips Funeral Home

(b) Address

Eldon Mo.

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

Josie Morant Hoff

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller
(c) City or town Eldon (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1943 hour 11-45 minute 6 A. M.

21. I hereby certify that I attended the deceased from 10/10/1943 to 10/29/1943

that I last saw him alive on 10/29/1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 93x1

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work (e) Means of injury

23. Signature George A. Reero (M. D. or other) M.D.

Address State Hospital Fulton Mo Date signed 10/29/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

.....
Registered Apprentice No.

Signed

.....
Licensed Embalmer No.

.....
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.